


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90033 025 ****61.25

DOCUMENT # N20541					
1. Entity Name FIRST BAPTIST CHURCH OF CHATTAHOOCHEE					
Principal Place of Business 503 SOUTH MAIN STREET CHATTAHOOCHEE, FL 32324 US			Mailing Address 503 SOUTH MAIN STREET CHATTAHOOCHEE, FL 32324 US		
2. Principal Place of Business		3. Mailing Address		01272004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1291395	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BASFORD, SAMUEL 921 MORGAN AVENUE CHATTAHOOCHEE, FL 32324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DD <input checked="" type="checkbox"/> Delete	TITLE	DD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KIMREY, ROGER	NAME	OWENS, DOYLE		
STREET ADDRESS	810 PINE AVENUE	STREET ADDRESS	641 GREGORY ST.		
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324	CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324		
TITLE	DD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHELTON, ALVIN E	NAME			
STREET ADDRESS	4520 HARDWAY HIGHWAY	STREET ADDRESS			
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324	CITY-ST-ZIP			
TITLE	DD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOYD, JOE	NAME			
STREET ADDRESS	630 CAMP ROAD	STREET ADDRESS			
CITY-ST-ZIP	CHATTAHOOCHEE, FL-32324	CITY-ST-ZIP			
TITLE	DD <input checked="" type="checkbox"/> Delete	TITLE	DD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MOSELEY, R. DAVE	NAME	WILSON, ELBERT		
STREET ADDRESS	814 COLEMAN STREET	STREET ADDRESS	513 DARLEN ST.		
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324	CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324		
TITLE	DD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAYLOR, JAMES	NAME			
STREET ADDRESS	824 PINE AVE	STREET ADDRESS			
CITY-ST-ZIP	CHATTAHOOCHEE, FL	CITY-ST-ZIP			
TITLE	DD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILHELMS, RICHARD	NAME			
STREET ADDRESS	1114 SHERWOOD LANE	STREET ADDRESS			
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Charles Basford</i> CHARLES BASFORD				Date	75004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	8506634661

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